

## CLAIMS ONLY

Application Number

1059n065

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend	10					
Total Claims	11					

*	*	*	*	*	*
Indep	Depend	Indep	Depend	Indep	Depend
51					
52					
53					
54					
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98					
99					
100					
Total Indep					
Total Depend					
Total Claims					